

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD FOR AUTHENTICATION BY CHEMICAL MARKING OF TRACING OF AN OBJECT OR A SUBSTANCE
Attorney Docket Number::	HACHIN1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity

Given Name:: Jean-Michel
Middle Name::
Family Name:: HACHIN
Name Suffix::
City of Residence:: Levallois-Perret
State or Province of Residence::
Country of Residence:: France
Street of Mailing Address:: 15, rue Trebois
City of Mailing Address:: Levallois-Perret
State or Province of Mailing Address::
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: 92300
Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity

Given Name:: Claude
Middle Name::
Family Name:: LAMBERT
Name Suffix::
City of Residence:: Saint Michel Sur Orge
State or Province of Residence::
Country of Residence:: France
Street of Mailing Address:: 16 allée des Thuyas
City of Mailing Address:: Saint Michel Sur Orge
State or Province of Mailing Address::
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: 91240

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing

This Application National Stage of

Application:: Date::
PCT/FR03/003233 10-29-03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
France	02/13718	10-29-02	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::